

Filing Fee \$80.00

**DOMESTIC
LIMITED LIABILITY PARTNERSHIP**

STATE OF MAINE

**RESTATED CERTIFICATE OF
LIMITED LIABILITY PARTNERSHIP**

(Name of Limited Liability Partnership
as it appears on the record of the Secretary of State)

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

Pursuant to 31 MRSA §823.6., the undersigned adopt(s) the following restated certificate of limited liability partnership:

FIRST: The name of the limited liability partnership has been changed to (if no change, so indicate)

(The name must contain one of the following: "Limited Liability Partnership", "L.L.P." or "LLP"; §803.1.A.)

SECOND: The date of filing of the initial certificate of limited liability partnership was _____ and the name
under which it was originally filed is _____

THIRD: The name of the Registered Agent, an individual Maine resident or a corporation, foreign or domestic, authorized to
do business or carry on activities in Maine, and the address of the registered office are

(name)

(physical location - street (not P.O. Box), city, state and zip code)

(mailing address if different from above)

FOURTH: The name and business, residence or mailing address of the contact partner is:

NAME

ADDRESS

FIFTH: Other provisions of this restated certificate, if any, that the partners determine to include are set forth in Exhibit ____
attached hereto and made a part hereof.

DATED _____

PARTNER(S)*

(signature)

(type or print name and capacity)

For Partner(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

(Complete next section ONLY if agent has changed.)

THE FOLLOWING MUST BE COMPLETED BY THE REGISTERED AGENT UNLESS THIS DOCUMENT IS ACCOMPANIED BY FORM MLLP-18 (§807.2.).

The undersigned hereby accepts the appointment as registered agent for the above named limited liability partnership.

REGISTERED AGENT

DATED _____

(signature)

(type or print name)

For Registered Agent which is a Corporation

Name of Corporation _____

By _____
(authorized signature)

(type or print name and capacity)

*Certificate **MUST** be signed by

(1) at least one **partner** **OR**

(2) any duly authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, **section** 453.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**